

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 576873

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		2				
14		2				
15	1					
16		1				
17		2				
18		1				
19		1				
20		1				
21	1					
22	1					
23		1				
24		1				
25		4				
26						
27	1					
28		1				
29		2				
30			1			
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40			1			
41				1		
42				1		
43				1		
44			1			
45				1		
46				1		
47				1		
48				1		
49				1		
50			1			
TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52				1		
53				1		
54				1		
55				1		
56			1			
57				1		
58				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	23	←		←
TOTAL CLAIMS			29			